

YOUR PATIENT ADVOCATE WANTS YOU TO KNOW ABOUT

Your Rights as an HMO Patient

Under California Law

State of California



THE PATIENT
ADVOCATE

HMO Help Line

1-888-HMO-2219

Help is available 24-hours a day

YOUR VOICE, YOUR HMO RIGHTS

A Message from the **PATIENT ADVOCATE:**

As an enrollee of a health plan or health maintenance organization (HMO), you have many legal rights under California law. These rights ensure that you receive the health care benefits to which you are entitled under your health plan or HMO. In order for you to exercise and protect these rights you must first become familiar with them. This compact booklet provides you with some of your most important rights. Please take a few minutes to read them and keep them with your medical documents, you may need to refer to them again. If you have any questions about these rights, or wish to learn about the many other rights you have, please visit the California Department of Managed Health Care's website at www.hmohelp.ca.gov. Also, you may contact the California HMO Help Center toll free at 1-888-HMO-2219, or TDD 1-877-688-9891.

SOME HELPFUL INFORMATION

Managed Health Care—Managed health care is both a way to provide and pay for medical care. In California, most people receive health care coverage through managed health care plans often called Health Maintenance Organizations (HMOs). The health plan contracts with health care “providers” which includes doctors, hospitals, and other health care facilities to handle your care. The providers selected to contract with your health plan are called a “network”. When you obtain health care services you are expected to go to a network doctor or hospital, except in case of an emergency. There are other types of managed care systems such as Preferred Provider Organizations (PPOs) and Point of Service Plans (POS). These systems allow you to go outside of the network of contracted providers when you pay a higher co-payment.

The Department of Managed Health Care—HMOs and other health plans have many laws that they must follow to meet the guidelines to operate in California. The Department of Managed Health Care was established in July 2000 under the Business, Transportation and Housing Agency to regulate California’s HMOs. Within the Department is the **California HMO Help Center**, which provides individual support and guidance to enrollees with problems that they were not able to resolve with their health plan first.

The Patient Advocate—Providing a dedicated voice for all Californians enrolled in HMOs, the Patient Advocate is appointed by the Governor to lead an independent and autonomous office under the Business, Transportation and Housing Agency. The Patient Advocate informs consumers about their HMO rights and responsibilities and helps assure the highest level of consumer service at the California HMO Help Center.

Your **RIGHTS** as an HMO Patient

- You have the right to see a primary care physician who is located near you.

Your HMO must assign you to a primary care physician who is located within 15 miles (or a 30-minute drive) from your home or workplace.

- You have the right to a second opinion.

If you disagree with the diagnosis or the way your doctor proposes to treat you, and have discussed the matter with your doctor, you may request to see another physician for a second opinion. In many cases the HMO must pay for a second opinion.

- You have the right to be referred to a specialist when medically necessary.

Your HMO must provide a referral to a qualified specialist when it is medically necessary for you to see one.

- You have the right to select an obstetrician/gynecologist as your primary care physician.

If you are a woman, your HMO must permit you to see a participating obstetrician/gynecologist without obtaining a referral from your primary care physician.

- You have the right to a quick response when requesting authorization for a medical referral.

In most cases your HMO must provide an answer to your physician's request for a treatment authorization within five

business days of the HMO's receipt of the request (or 72 hours if the request is urgent).

- You have the right to file a grievance with your HMO.

If you are dissatisfied with the health care that you receive from your HMO, you have the right to file a grievance with your HMO. The HMO must resolve the grievance within 30 days (or within three days if the grievance is urgent).

- You have the right to an independent medical review of your case.

If your HMO denies, modifies, or delays your physician's request for treatment, and that refusal is based on the fact that the treatment requested is not "medically necessary," then you may request that your case be reviewed by a physician who is not affiliated with the HMO. The Department of Managed Health Care has contracted with independent physicians to review these cases.

- You have the right to receive Emergency Care without prior authorization.

If you reasonably believe that you need immediate care to avoid placing your health at serious risk, you may seek emergency care by dialing "911" or by going to the nearest emergency facility without seeking prior authorization from your HMO.

- You have the right to uninterrupted health care.

If you have to change HMOs or your doctor is no longer under contract with your HMO during the course of treatment, your

HMO must have policies in place to guarantee that you will not suffer from an interruption in medically necessary care.

- You have the right to inspect your medical records kept by your provider.

You can ask to review your own medical records. If you believe that they are incomplete or incorrect, you have the right to add a written addendum with respect to any item or statement in your records. (Please note: There may be a fee to review your medical records.)

- You have the right to contact the Department of Managed Health Care's California HMO Help Center for assistance toll free at 1-888-HMO-2219, or TDD 1-877-688-9891 if you can't resolve a problem with your HMO.

Your **RESPONSIBILITIES** as an HMO Patient

The following suggestions, while not required by law, can help you obtain the highest quality of care from your HMO:

- Read and understand your HMO Evidence of Coverage/Contract and keep it handy for easy reference.
- Always be prepared to discuss your healthcare problems during your visit with your doctor.
- Ask your doctor questions if you are not clear about your diagnosis or treatment plan.
- Demand appropriate, necessary care.
- Keep good records of your medical history, including diagnosis and treatment information.
- Know about and use preventive health care services offered by your HMO.
- Be an active participant: ask questions, read, and inquire.
- Learn how to become your best advocate.
- Keep your membership card handy.
- Know the phone number for your HMO member services.



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